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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Note for new nonprovisional applications under 37 C.F.R. § 1.53(b)

Attorney Docket No. P-3228-US

First Inventor or Application Identifier

MERON, Gavriel

Title SYSTEM AND METHOD FOR WIDE FIELD IMAGING OF BODY LUMENS

Express Mail Label No.

APPLICATION ELEMENTS
See MPEP chapter 600 concerning patent application contents

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Applicant claims small entity status.
See 37 CFR 1.27.
3. Specification [Total Pages 23]
(preferred arrangement set forth below)
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 8]
- Oath or Declaration [Total Pages 3]
- a. Unexecuted (original or copy)
- b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:
Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - I. CD-ROM or CD-R (2 copies); or
 - II. paper
 - c. Statements verifying identity of above copies

9. Assignment Papers (cover sheet & document(s))
10. 37 C.F.R. § 3.73(b) Statement
(when there is an assignee)
 - Power of Attorney
11. English Translation Document (if applicable)
12. Information Disclosure Statement(IDS)/PTO-1449
 - Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 5303)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Postcard
Other: _____

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____ / _____

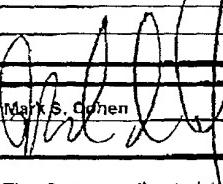
Prior application information: Examiner _____ Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code (Insert Customer No. or Attach bar code label here) or Correspondence address below

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City	Arlington	State	VA	Zip Code	22202-3709
Country	USA	Telephone	(703) 486-0800	Fax	(703) 486-0800

Name (Print/Type)	Mark S. Cohen	Registration No. (Attorney/Agent)	42,425
Signature		Date	16 January 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

**Fee Transmittal
for FY 2001**

Fees are subject to annual review.

AMOUNT OF PAYMENT (\$)

Attorney Docket No. P-3228-US

METHOD OF PAYMENT (check one)

FEE CALCULATION (continued)																																																																																																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 05-0649</p> <p>Deposit Account Name Eitan, Pearl, Latzer & Cohen-Zedek</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>																																																																																																																																																																																																											
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SUBMITTED BY					Complete (if applicable)
Name (Print /Type) Signature	Mark S. Cohen [Signature]	Registration No. (Attorney/Agent)	42,425	Telephone	(703) 486-0600
				Date	January 16, 2002

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